

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Hologic Gen-Probe Inc. PAC (Hologic Gen-Probe PAC)

ADDRESS (number and street) 10210 Genetic Center Drive

Check if different than previously reported. (ACC) San Diego CA 92121

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00405100

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 01 2014 through M M / D D / Y Y Y Y 09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer C. April Boling

Signature of Treasurer

Date 10 10 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hologic Gen-Probe Inc. PAC (Hologic Gen-Probe PAC)

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		46678.35
(b) Cash on Hand at Beginning of Reporting Period	44758.35	
(c) Total Receipts (from Line 19)	480.00	1560.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45238.35	48238.35
7. Total Disbursements (from Line 31)	6000.00	9000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39238.35	39238.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hologic Gen-Probe Inc. PAC (Hologic Gen-Probe PAC)

Report Covering the Period:

From:

M M / D D / Y Y
07 / 01 / 2014

To:

M M / D D / Y Y
09 / 30 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

480.00

1520.00

(ii) Unitemized.....

0.00

40.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

480.00

1560.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

480.00

1560.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

480.00

1560.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

480.00

1560.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	9000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6000.00	9000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6000.00	9000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	480.00	1560.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	480.00	1560.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 8

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hologic Gen-Probe Inc. PAC (Hologic Gen-Probe PAC)

Full Name (Last, First, Middle Initial)

A. Tammy Brach

Mailing Address 6755 Mira Mesa Blvd #123-103

City State Zip Code
San Diego CA 92131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gen-Probe Incorporated

V.P./ Program Mgmt

Receipt For: 2014

Aggregate Year-to-Date ▼

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

760.00

Date of Receipt

MM / DD / YY
09 / 30 / 2014

Transaction ID : 11AI-2877-IP

Amount of Each Receipt this Period

240.00

Payroll Deduction (\$40 Monthly)

Full Name (Last, First, Middle Initial)

B. Kevin Herde

Mailing Address 4218 Alder Drive

City State Zip Code
San Diego CA 92116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gen-Probe Incorporated

VP Finance/Corp Controller

Receipt For: 2014

Aggregate Year-to-Date ▼

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

760.00

Date of Receipt

MM / DD / YY
09 / 30 / 2014

Transaction ID : 11AI-2878-IP

Amount of Each Receipt this Period

240.00

Payroll Deduction (\$40 Monthly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Aggregate Year-to-Date ▼

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt

MM / DD / YY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

480.00

TOTAL This Period (last page this line number only).....

480.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 8

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hologic Gen-Probe Inc. PAC (Hologic Gen-Probe PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Elizabeth Esty

Date of Disbursement

Mailing Address P.O. Box 61

09 / 10 / 2014

City State Zip Code
Cheshire CT 06410

Transaction ID : 23-91

Purpose of Disbursement
Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Elizabeth Esty

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Date of Disbursement

Mailing Address P.O. Box 137

09 / 10 / 2014

City State Zip Code
Spokane WA 99210

Transaction ID : 23-92

Purpose of Disbursement
Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Cathy McMorris Rodgers

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Date of Disbursement

Mailing Address 412 First Street SE, Suite 100

09 / 10 / 2014

City State Zip Code
Washington DC 20003

Transaction ID : 23-90

Purpose of Disbursement
Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Scott Peters

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

SUBTOTAL of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hologic Gen-Probe Inc. PAC (Hologic Gen-Probe PAC)

Full Name (Last, First, Middle Initial)

A. Shaheen Victory Fund 2014

Date of Disbursement

Mailing Address 236 Massachusetts Ave. NW, Suite 4

MM / DD / YYYY
09 / 10 / 2014

City State Zip Code
Washington DC 20002

Transaction ID : 23-93

Purpose of Disbursement
Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Jeanne Shaheen

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District:

Full Name (Last, First, Middle Initial)

B. Young for Iowa, Inc.

Date of Disbursement

Mailing Address P.O. Box 162

MM / DD / YYYY
09 / 10 / 2014

City State Zip Code
Van Meter IA 50261

Transaction ID : 23-94

Purpose of Disbursement
Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

David Young

500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

6000.00

®

Express

Page 1 of 1

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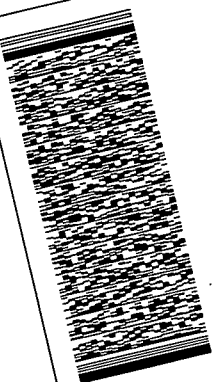
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